

WVBEP QUARTERLY INDIVIDUAL SUPERVISION REPORT FOR SCHOOL PSYCHOLOGISTS

Supervisee (please print)	
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Supervisor (please print)	
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Quarter	1 2 3 4		Year	20__	Period	From: __/__/__	To: __/__/__	Full-Time	Half-Time	Other					
	Week 1	Week 2									Week 3	Week 4	Week 5	Week 6	Week 7
Week of the Quarter															
Date Week Begins (Month/Day)															
SUPERVISORY HOURS															
Individual Supervised Hours															
ASSESSMENTS															
Intelligence															
Achievement															
Personality / Soc. Em.															
Behavior Ratings															
Perceptual Motor															
Adaptive Behavior															
Vocational															
Preschool / Kind. Screening															
Neuropsychological															
Classroom Observ.															
Preparing Reports															
DIRECT INTERVENTIONS															
Behav/Contg Management															
Group Therapy															
Individual Therapy															
Family Therapy															
Crisis Counseling															
Social Skills Training															
CONSULTATION															
Pereferral / SBAT															
Eligibility Committee															
IEP Committee															
Staffing															
Professional Dev.															
Interagency															
Community															
PROGRAM PLAN. / EVAL.															
Development															
Evaluation															
MISCELLANEOUS															
Scheduling / Paperwork															
Research															
Public Relations															
Other / Miscellaneous															
Weekly Totals &															
Grand Total - last box															

By our signatures we certify that the information on this form is accurate and true:

Other / Miscellaneous - Explanation:
Fax Completed Reports to 304-558-0608

Supervisee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Email: psychbd@wv.gov or kathy.g.lynch@wv.gov